

# FORM 2 NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

Washington State Department of Ecology  
Attn: DW Notifications  
P.O. Box 47658  
Olympia, WA 98504-7658  
(360) 407-6737

Note: Failure to properly and completely fill out your form may delay processing and/or cause your form to be returned for completion. Associated page numbers with detailed instructions are listed for each section.

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1. **Notification.** Please select one of the following choices. (p. 5)

1.a. ☐ New notification **OR**

If 1.a., complete entire form.

DEPARTMENTAL USE ONLY									
WA									

1.b. ☐ Existing RCRA Site ID# WA 0980726384

If 1.b., choose desired action below and fill in effective date.

☒ Revise Notification (complete entire form)

☐ Reactivate Site ID# (complete entire form)

☐ Withdraw Site ID # (skip sections 11 and 12)

☐ Cancel Site ID# (skip sections 11 and 12)

Effective date: 01 / 26 / 01  
mm dd yy

2.a. **SIC Code:** (p.7) 4911 (Primary)

2.b. Type of business conducted at this site: (p.7) Publicly-owned electric utility

MRWF

3. **Name of site** (p. 7) Seattle City Light - Moderate Risk Waste Facility at SCL's South Service Center

4. **Location of site** (p. 7)

Street 3613 Fourth Avenue South

City or Town Seattle

County WA State WA Zip 98108

5. **Site mailing address** (p. 7)

Street or P.O. Box 3613 Fourth Avenue South

City Seattle State WA Zip 98108

6. **Site contact** (person Ecology should contact for clarification on this form, p. 7)

Name Christine Pratt

Job Title Hazardous Waste Program Mgr. Phone Number (206) 386-4571

Mailing Address 700 Fifth Avenue, Suite 3100

City Seattle State WA Zip 98104-5031

## NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 5) WA 1980726384

Name of site (same as section 3, p. 7) SCL's Moderate Risk Waste Facility

7. Department of Revenue # (p. 8): 1 7 8 - 0 4 8 - 9 5 3

**8. Site operator** (person responsible for dangerous waste activity, p. 8)

Name Ross Cayetano Phone Number (206) 386-1766

Mailing Address 3613 4th Avenue S

City Seattle State WA Zip 98108

**9.a. Site ownership** (legal owner of business, p. 8)

Has ownership changed since you last notified or reported?

☐ Yes      ☒ No

If Yes, effective date of ownership change:      /      /       
mm dd w

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**9.b. Site ownership type (p. 8)**

Please circle the appropriate letter at right which best describes the legal status of the current owner of the business.

F = Federal

S = State

I = Tribal Trust

P = Private

C = County

M Municipal

D = District

O = Other

**10.a. Property ownership** (legal owner of this property, p. 8)

Name City of Seattle Phone Number (206) 684-3200

Mailing Address 700 5th Avenue, Suite 3100

City Seattle State WA Zip 98104-5031

10.b. Property type (p. 8)

Please circle the appropriate letter at right which best describes the legal status of the land on which the business is located.

F = Federal

S = State

1 = Tribal Trust

P = Private

C = County

M = Municipal

D = District

O = Other



**NOTIFICATION OF DANGEROUS WASTE ACTIVITIES**

RCRA Site ID# (p. 5) **WA 0980726384**

Name of site (same as section 3, p. 7) \_\_\_\_\_

**11. Type of regulated waste activity** (Mark "X" in the appropriate boxes, p. 9)

**11.a. Dangerous waste activity**

**1. Generator**

- ☒ a. Greater than 1000 kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (220–2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)

**2. Frequency**

- ☒ a. Monthly  
☐ b. Batch  
☐ c. One-time only

**3. Transporter** (indicate mode in boxes 1–5 below).

- ☒ a. Transport own waste  
☐ b. Transport for commercial purposes

**Mode of Transportation**

- ☐ 1. Air  
☐ 2. Rail  
☒ 3. Highway  
☐ 4. Water  
☐ 5. Other—specify: \_\_\_\_\_

**4. Treater, Storer, Disposer** (at installation). Note: A RCRA Permit is required for this activity.

- ☐ a. For waste generated at this facility  
☐ b. For waste generated by other facilities

**4. (Continued)**

Which of the following RCRA permitted activities occur at this facility?

- ☐ 1. Treatment  
☐ 2. Disposal  
☐ 3. Storage

**5. Dangerous waste fuel**

- ☐ a. Generator marketing to burner  
☐ b. Other marketers  
☐ c. Boiler and/or industrial furnace  
☐ 1. Smelter deferral  
☐ 2. Small quantity exemption

Indicate type of combustion device(s):

- ☐ 1. Utility boiler  
☐ 2. Industrial boiler  
☐ 3. Industrial furnace

☐ 6. Underground injection control

☐ 7. Immediate recycler

☐ 8. Permit-by-rule facility

☐ 9. Treatment by generator

**11.b. Used oil fuel activities**

**1. Used oil fuel marketer**

- ☐ a. Marketer directs shipment of used oil to off-specification burner  
☐ b. Marketer who first claims the used oil meets the specifications

**2. Used oil burner**—indicate type(s) of combustion device(s).

- ☐ a. Utility boiler  
☐ b. Industrial boiler  
☐ c. Industrial furnace

**3. Used oil transporter**—indicate type(s) of activity(ies).

- ☒ a. Transporter  
☐ b. Transfer facility

**4. Used oil processor/re-refiner**—indicate type(s) of activity(ies).

- ☐ a. Process  
☐ b. Re-refine

**12.a. Waste descriptions** (p. 12)

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\_\_\_\_\_

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## NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 5) WA D 9 8 0 7 2 6 3 8 4

Name of site (same as section 3, p. 7) \_\_\_\_\_

### 12.b. Waste Codes: (p.12)

1. **Characteristics** (WAC 173-303-090): Identify (circle or fill in) those codes that best describe your waste(s).

D001 Ignitable	D002 Corrosive	D003 Reactive	TCLP <u>D 0 0 8</u> <u>D 0 3 7</u> <u>D 0 0 9</u> _____
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2. **Listed** (WAC 173-303-9903): Fill in those codes that best describe your waste(s).

F 0 0 1 F 0 0 2 F 0 0 3 F 0 0 4 F 0 0 9 \_\_\_\_\_

3. **State-only** (WAC 173-303-100, -180, and 9904): Circle those codes that best describe your waste(s).

WT01 WT02 Toxic	WP01 WP02 WP03 Persistent	WL01 WL02 Labpack	W001 PCB	WSC2 Solid Corrosive
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### 13. Comments (p. 13)

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### 14. Notification checklist (p. 13)

- ☐ Did you **sign and date** notification form?
- ☐ Did you **keep a copy** for your files?
- ☐ Did you **complete the correct sections** of this notification form to fit your situation? (See section 1—Notification).
- ☐ If you are canceling or withdrawing your RCRA Site ID number, you are responsible for annual reports up to the date your regulated dangerous waste activities ended. Did you **submit your completed annual report** with this request for cancellation or withdraw?

### 15. Certification (p. 13) **This form cannot be processed without a signature**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature:

Name and official title (type or print):

Date signed:

H. Christine Pratt

Hazardous Waste Program Manager

1/29/01